Contents

Part One: Looking Back
Annual Report and Accounts 2001 - 2002
First Word – Professor David L Hamblen CBE 4
Meeting Local Priorities 6
Better Health and Better Opportunities 7
Fair Healthcare 9
Better Services 10
Our Patients 12
Involvement 12
Our People 13
Meeting National Priorities 14
Cancer 15
Coronary Heart Disease and Stroke 15
Mental Health 16
Children 16
Older People 17
Waiting Lists 17
Where the Money Went - Annual Accounts 2001 - 2002 18
As Others See Us 21

Part Two: Looking Forward
Local Health Plan 2002 - 2005
A Healthy Challenge 26
Next Word – Tom Divers OBE 27
The Challenges 28
Our Key Objectives 29
Where the Money Will Go 30
Progress Through Partnership 30
Action Plans and Priorities 30
Targets and Commitments 32
Be Involved in Involvement 33
Contacts and Further information 34
Board Members 35
Part One: Looking Back

First Word

This Annual Report marks an end and a new beginning.

Mention must also be made of other changes. Dr Carol Tannahill, Director of Health Promotion, joined the Public Health Institute of Scotland (PHIS) on secondment. Her long and substantial contribution to preventing ill-health in Greater Glasgow was invaluable. Our Nursing Home Inspection Team moved outwith the NHS and became part of the new Scottish Care Commission – it should not be forgotten that this team ensured that nursing homes for the most vulnerable members of our society operated to the highest possible standards.

The theme of the new unified Board is partnership and integrated working. It is almost double the size of its predecessor and brings a much wider representation of the views and opinions of our partners in local government, the NHS workforce and the field of education. I have been impressed by the enthusiasm Members have brought to taking forward our objectives and in delivering clear decisions on the difficult issues that face us. Foremost among these were the reconfiguration of acute hospital services and the siting of a new Secure Care Forensic Psychiatry Unit to serve the city. Inevitably, the decisions reached were not universally welcomed, despite a very extended programme of public meetings and debate. We feel, however, that the final proposals represent the best solutions to providing services more appropriate to the 21st Century.

The new thinking which underpins these proposed service changes emphasises our commitment to working across traditional boundaries in order to deliver an improved and seamless service in all aspects of healthcare. Bringing about those changes that are characteristic of partnership working requires the blurring of professional and organisational boundaries. Our success in improving our performance in dealing with winter pressures and, indirectly, in achieving our waiting list targets are tangible examples of partnership in action.

I have been fortunate to have worked closely with the Chairs of the four trusts that provide clinical services across NHS Greater Glasgow. They, and their Chief Executives, are full members of the new unified Board.

I feel proud and privileged to have served as Chairman of the Board during a period of exciting and rapid change for the NHS in Scotland. I wish my successor, Professor Sir John Arbuthnott, well and I am confident that he will enjoy the same outstanding level of support and commitment which has been shown by all the staff working in NHS Greater Glasgow.
Mr Ronnie Cleland, Chair of the North Glasgow University Hospitals NHS Trust

“I am pleased to report good progress on several fronts over 2001/02. The Trust’s financial position has improved to the extent that break-even was achieved. This was a significant achievement by Trust staff given a background of increasing medical emergencies and challenging waiting list targets. With regard to the latter, the Trust achieved its target of having no more than 11,000 patients waiting for treatment by 31st March 2002 – the actual total was 9,985, a decrease of 18.7% from December 2001, and 1,015 patients below the target level.

“On 28th November 2001, the Trust welcomed HRH The Princess Royal to officially open the new Princess Royal Maternity Hospital at Glasgow Royal Infirmary. The new hospital had opened its doors on 2nd October and the first baby was delivered on 4th October. The state of the art equipment in the labour ward, the neonatal unit, the ultrasound department and operating theatres plus the location and organisation of service departments has been carefully designed around the needs of mothers and staff.”

Mrs Elinor Smith, Chairman of the South Glasgow University Hospitals NHS Trust

“The highlights of the year for me must include the fact that the Trust’s management team have wholeheartedly embraced the concept of pan-Glasgow working. Executive and non-executive Trustees have taken on positions of responsibility across key committees in the health economy.

“The Trust was the first in Scotland to be awarded risk management accreditation at Level 1 (known as CNORIS), which was a real tribute to the hard work and enthusiasm of staff who took forward this important national agenda. The year also marked the opening of the Langlands Building at the Southern General. This is a 204-bed unit designed to enhance services for older people. It is equipped with a day centre, dedicated therapy services and an integrated radiology suite. The centre was financed using Public-Private Partnership and was opened by the Minister for Health and Community Care.”

Mrs Sally Kuenssberg CBE, Chair of the Yorkhill NHS Trust

“It has been a significant year for Yorkhill, characterised by continued participation in joint local and regional planning arrangements for children’s services in partnership with primary care, local authorities and the voluntary sector. National services are becoming an increasingly important part of the Trust’s responsibilities with four additional paediatric services gaining national designation during the year (interventional cardiology, intensive care transport services, endoprosthetic bone-replacement services and the only Scottish ECMO centre which offers respiratory support for babies and children).

“In keeping with current NHS priorities, a new board has been set up to oversee the Trust’s research and education activities, the Yorkhill Partnership Forum is working actively towards compliance with Staff Governance standards and a Family Information Centre and a Family Council were established as part of an ambitious programme of patient and public involvement. On a sadder note, two Trust staff represented the Queen Mother’s Maternity Hospital at the funeral of Her Majesty, Queen Elizabeth, the Queen Mother, on 9th April 2002. The hospital also opened a Book of Condolence for staff, patients and visitors to sign.”

Mr Andrew Robertson OBE, Chairperson of the Greater Glasgow Primary Care NHS Trust

“The Trust has achieved significant progress in all areas of its activity. The ongoing implementation of the Primary Care Strategy was marked by the maturing of Greater Glasgow’s 16 Local Healthcare Community Co-operatives (LHCCs) as they took forward their priority projects and began to develop a public health role.

“The Modernising Mental Health Agenda was marked by many service developments, which were all patient-centred and enhanced increasingly close working with partners in local authorities. January 2002 saw the approval of one of the key planks in the strategy through the selection of Stobhill as the site for the local forensic psychiatric service.

“Learning Disability Services were greatly enhanced by joint commissioning arrangements with, principally, Glasgow City Council. These bore fruit with the resettlement of all former residents of Lennox Castle Hospital in community settings throughout Greater Glasgow.

“All of these far-reaching developments were only possible because of the very positive partnership arrangements which the Trust has enjoyed with our clinical and support staff and also with our external partner organisations, to all of whom the Trust is extremely appreciative.”
Meeting Local Priorities

This annual report serves an important purpose; it sets out the performance of NHS Greater Glasgow across key targets and national priorities.

NHS Greater Glasgow has responsibilities at two levels. Firstly, it must meet the health needs of the local population. The following section will describe what was achieved in 2001 – 2002. Secondly, the NHS in Scotland must jointly tackle national targets on the core health problems that afflict the population as a whole. The second half of the annual report will describe the local contribution to meeting national objectives.
Ill-health is not just about ill-luck. Where you live, your family background, whether or not you have a job and your level of income all have an effect. Even the positive or negative choices we can each make about our health – such as about smoking, diet and exercise – can be affected by these things.

Given common perceptions about the state of Greater Glasgow’s health, it is a surprise to many people to learn that our statistics show that the ‘sick man (and woman) of Europe’ is a bit better – but not enough to catch up with other Scots and certainly not with others in the UK as a whole. For example, the rate of coronary heart disease is down but Glaswegian men are still twice as likely to die before the age of 65 as the men of England and Wales. The problem for Greater Glasgow is that we have more than our fair share of deprivation and so we have more than our fair share of the health problems that go along with it.

NHS Greater Glasgow recognises that, to improve health, action is needed not only in hospitals but particularly in communities where we must work alongside our partner agencies, especially local authorities. Together, we are designing services directly around the heart of social and health problems. In time, we want to see less of the contrast in health terms between wealth and poverty and more people enjoying a happy, fruitful and long life. The progress made so far can certainly be improved upon, but it is still a sign that change for the better is possible.

Key Facts

- Of the people in Greater Glasgow aged under 75 who died in 2001, 18.8% died from Coronary Heart Disease compared with 20% in 2000.
- Of the people in Greater Glasgow aged under 75 who died in 2001, 32% died from Cancer compared with 30.2% in 2000.
- Of the people in Greater Glasgow aged under 75 who died in 2001, 5.7% died from a Stroke/Cerebrovascular Disease compared with 6.5% in 2000.
- The percentage of Greater Glasgow’s women who smoked at the time of their first visit to an antenatal clinic in 2000 - 2001 was 29.4% compared with 25% in Scotland as a whole. The Greater Glasgow figure for 1999 – 2000 was 31.1%.
- In 1998, the Scottish Health Survey showed that the percentage of Greater Glasgow’s adults aged between 16 and 64 who smoke is 37.4%, compared with 34.7% in the rest of Scotland.
- The 1998 Scottish Health Survey shows that the percentage of Greater Glasgow adults aged 16 – 64 who drink more than weekly recommended limits of alcohol is 37.6% (males) and 13.9% (females) compared with 33.9% (males) and 13.3% (females) in the rest of Scotland.
- According to the 1998 Scottish Health Survey, 36.1% of Greater Glasgow male and 26.7% of female adults aged 16 - 64 met or exceeded recommended weekly levels of exercise compared to 41% of male and 29.9% of female Scots.
- A 2001 - 2002 survey showed that 39.6% of Greater Glasgow’s 5-year olds were free from dental disease compared with 34.3% in 1999 – 2000.
- The provisional percentage figure for the uptake of childhood immunisation (vaccination) was 96.8% in 1999, 96.3% in 2000 and 93% in 2001.
- The percentage of babies born in Greater Glasgow at a low birthweight was 8% in 1999, 7.3% in 2000 and 8.2% in 2001.
- The percentage of babies in Greater Glasgow still being breastfed at the age of 6 weeks was 29% in 1999, 30.4% in 2000 and 32.4% in 2001.
- The level of teenage pregnancies in Greater Glasgow (girls aged 13 – 15) fell from 5.9 per 1000 girls in 2000 to 4 per 1000 in 2001.
- Out of every 100,000 people in Greater Glasgow in 1999 - 2000, 703 had caught a sexually transmitted disease compared with 645 in the previous year and 638 in the rest of Scotland.
Highlights of what we did in 2001 - 2002 for better health and better opportunities

Public Health

A Free Immunisation Programme against Hepatitis B was offered in August 2001 to all 12,000 S1 and S2 school pupils. Hep B is infecting increasing numbers of people in Greater Glasgow, with known cases of acute infection doubling between 1995 and 1999. The Greater Glasgow pilot is being evaluated to determine if uptake is enough to make ongoing local vaccination worthwhile.

Primary Care

The Primary Care Strategy published in 2001 focuses on three main strands - improving existing services, developing new services and developing LHCCs. Some of the specific developments were: the establishment of primary care mental health teams, a diabetes service, secondary prevention coronary heart disease clinics, community older people's teams, child health and young people's health projects and improvements to services for asylum seekers.

Lennox Castle Hospital, closed in March 2002 and residents moved into modern, supported accommodation in communities in the City of Glasgow and East Dunbartonshire. NHS Greater Glasgow worked with residents, families and Social Work teams to make sure the moves were successful. There were no compulsory redundancies during the process. The former hospital site will be sold for redevelopment as part of a £7 million regeneration action plan to create 400 new jobs in Lennoxtown.

Child and Maternal Health

A New Breast-Feeding Clinic was launched at The Queen Mother’s Maternity Hospital in November 2001. It is known that there are common problems that discourage many mothers from continuing with breast-feeding beyond 2 weeks from their baby’s birth.

Yorkhill NHS Trust Community and Hospital-Based Mental Health Services for children and young people were expanded. More nurse and family therapists were recruited, and plans were made to increase the capacity of the inpatient child psychiatry unit. Additionally, a pilot mental health project for Looked After and Accommodated Children in the east of Glasgow proved so successful that it was agreed to introduce it across the entire City. An innovative project launched in the The Queen Mother’s Maternity Hospital provided psychological support to parents of very pre-term babies and mothers who may have suffered difficult pregnancies.

In local communities

- The Glasgow Drug Problem Service – Drug Court Team is a two-year pilot project funded by the Scottish Executive and operational from November 2001. Its aim is to reduce the level of crime related to drug misuse by substituting the use of illegal drugs with prescribed medication.
- Healthy Living Centres received New Opportunities Fund awards totalling £2.446 million. The cash went to centres in the Gorbals, Drumchapel and the East End of Glasgow and will help support projects linked to diet, health and wellbeing.
- Sure Start attracted more funding to increase the level of paediatric speech and language therapy as well as dietetic support available to children and families in Castlemilk. The project is targeted at pre-school children to help them be better prepared for school and later life.
- The National Report on Breakfast Clubs was launched at Stonedyke Primary School, Drumchapel on 3rd April 2001 by the Minister for Health and Community Care. The venue was chosen to announce the outcome of research on school Breakfast Clubs that showed that 3 Glasgow pilot schemes had led to pupils enjoying a better diet and fewer days off due to sickness.
- Kool Kids came about from parents in Greater Pollok asking that their children have more opportunities for safe play, sport and leisure and a better diet. Local agencies jointly support the scheme, which targets 500 P5 pupils in Greater Pollok with sports, arts and leisure activities. It was extended in 2001-2002 to include a school for children with learning disabilities.
- Oral Health Action Teams were established across the City of Glasgow in an attempt to improve dental health among children under the age of five. Initial priority went to establishing teams in deprived areas.
- Child and Youth Health Promotion – A Strategic Approach is a 5-year investment plan to improve services, particularly for looked-after young people and those with a disability. By the end of 2001-2002, 10 mental health projects had been allocated funding with support also going to community projects in Castlemilk, Maryhill, Pollok/Lethalnd, Clydebank, the Glasgow North Social Inclusion Partnership areas and the East End of Glasgow.
- The Health at Work Website was launched at Glasgow’s Burrell Collection by the Greater Glasgow Health at Work team. www.healthatwork.org.uk provides employers with practical information on promoting good health among staff and so increasing productivity and efficiency.
Ill health strikes people without any regard to their age, where they live, whether they are male or female, gay or straight, their religion, ethnic origin, income and social status. NHS Greater Glasgow must provide services to meet the needs of the entire population of Greater Glasgow.

The barriers to achieving this can be historical. Other barriers might have something to do with the individuals themselves - cultural factors, a chaotic lifestyle due to misuse of drugs or alcohol and even embarrassment may often be a problem. We know too that less affluent people tend to use NHS services less than they should. The end result is that our staff across the NHS Trusts have to work hard with the voluntary sector, local authorities and other partners to deliver necessary services in the most appropriate way.

Key Facts

- As at 31st March 2002, 82.3% of women aged 20 – 60 in Greater Glasgow had attended cervical screening in the previous 5½ years. The figure was very close to that of the previous year but below the Scottish level of 86.5%.

- Of women in Greater Glasgow aged between 50 – 64, 66.2% accepted an invitation to undergo breast screening in the preceding three-year period (1998/99 - 2000/01). This marked an increase of 0.7% on the previous year but compares with a Scotland-wide percentage of 73.2%.

- In 2001, there were 6.9 family doctors (GPs) per 10,000 people in Greater Glasgow compared with 6.8 in 2000 and 7.7 in Scotland as a whole.

- In 2001, there were 4.1 dentists per 10,000 people in Greater Glasgow compared with 4.0 in 2000 and 3.7 in Scotland as a whole.

- In 2001, there were 2.2 community pharmacies per 10,000 people in Greater Glasgow, the same as in 2000 and compared with 2.7 in Scotland as a whole.

- The percentage of children aged up to 17 registered with a dentist at 31st March 2001 was 67% - this compares with 69.5% in 2000 and 65.6% in Scotland as a whole.

- The percentage of adults aged more than 18 registered with a dentist at 31st March 2001 was 50.4% - this compares with 50.6% in 2000 and 48.7% in Scotland as a whole.

Highlights of what we did to make healthcare fairer in 2001 – 2002

- The Sandyford Initiative is Greater Glasgow’s Centre for Family Planning and Reproductive Health, Women’s Health, Genitourinary Medicine and is the base for the Steve Retson Project. The centre’s capacity has been increased to cope with demand and new ways of organising services, including drop-in arrangements, developed. New services have also been introduced to target people who are socially excluded.

- The Homeless Addiction Team is funded via the Rough Sleepers Initiative and is made up of staff from housing services, social work and health. The team puts together individual treatment and care packages around each person, for those suffering from substance misuse problems, alcohol-related brain damage or psychiatric problems. Treatments such as alcohol detoxification and methadone maintenance are offered in order to reduce harm. A District Nursing Homeless Physical Team provides an outreach service to homeless hostels.

- Increasing Demand for Plastic Surgery at Canniesburn Hospital led staff to consider referral arrangements. It was agreed that some patients would benefit by being assessed by a psychologist before a decision on surgery was taken. An additional psychologist was also recruited to provide a counselling service for burns patients.
• Rising Rates of Oesophageal Cancer can now be tackled through the fundraising efforts of Noreen Phillips, whose husband Gordon died of the condition. Her appeal committee enabled scanners to be purchased for Gartnavel General Hospital and the Glasgow Royal Infirmary, which are the first of their kind in Glasgow.

• The New Langlands Building for Older People at the Southern General Hospital was opened by the Minister for Health and Community Care in February 2002. Costing £11.6 million and funded via a Public-Private Partnership (PPP), it provides medical, continuing care and day hospital services for older people along with therapy for both older people and young physically disabled patients. The building also contains 204 beds and radiography equipment.

• Palliative Care requires very special skills to meet the needs of vulnerable people. A Palliative Care Co-ordinator has been appointed to work with voluntary, independent and statutory service providers. A facilitator has also been appointed to offer training for community nurses and other workers and there is a city-wide collaboration with Macmillan Cancer Relief in order to develop the role of Macmillan Nurse facilitators.

Better Services

NHS Greater Glasgow provides a vast range of services. Some, for reasons of infrastructure, investment and other factors, require urgent improvement. Other services are already world-class but we must still strive towards continuous improvement and development in order to meet the ever-changing and growing needs of patients.

Highlights of what we did in 2001 - 2002 to make NHS Greater Glasgow's services better

Setting Standards

• The Greater Glasgow Primary Care NHS Trust participated in reviews of generic standards and schizophrenia services by the Clinical Standards Board for Scotland, who acknowledged several areas of good practice and identified areas for improvement. The Trust also promoted the Royal College of General Practitioners Accreditation scheme, in which 40 GP practices were recognised during the year. Elsewhere, The Primary Care Medicines Management Team provided new guidance on elderly patients’ medication to reduce falls and fractures, means of reducing adverse drug reactions in nursing homes and the management of patients who had previously suffered heart failure.

Research & Development

• At Yorkhill NHS Trust a new project within the Department of Child & Family Psychiatry called ‘Listening Well’ was set up to identify if children with hyperactivity disorders – which affect 1 child in every 100 – can benefit from new, complementary music therapies. The Queen Mother’s Maternity Hospital also participated in a £1.2 million UK-wide genetic study on pre-eclampsia (a condition of high blood pressure in pregnant mothers).

• Childhood Obesity is rapidly becoming a problem that will cause considerable health problems for the adults of the future. Research is being undertaken at Yorkhill NHS Trust to find ways of treating the rising number of overweight children. This involves work in nursery schools to look at the benefits of programmed physical activity. Funding support was provided by the Chief Scientist’s Office, the medical charity SPARKS and the British Heart Foundation.

• The Greater Glasgow Primary Care NHS Trust’s Research & Development Division secured £1.5 million match funding from the UK Office of Science and Technology, in partnership with NHS Scotland and Scottish Enterprise, to help develop commercial exploitation of NHS intellectual property as a means of securing extra income for NHS services.
In Our Acute Hospitals

- The Acute Services Strategy was approved by the Board of NHS Greater Glasgow over three meetings held in January, March and June 2002 and submitted to the Minister for Health and Community Care for approval. The strategy will lead to £700 million of investment to consolidate acute hospital care at 5 sites around the city. Inpatient specialty services will be delivered from 3 centres of excellence (Gartnavel General Hospital, Glasgow Royal Infirmary and a new South Glasgow Hospital at the site of the Southern General) and Stobhill Hospital and the Victoria Infirmary will be rebuilt as £60 million ambulatory care hospitals, which will maintain over 85% of the hospitals’ existing patient services, in surroundings fit for the 21st Century.

- Emergency Nurse Practitioners are able to assess and treat patients with minor injuries attending Accident & Emergency Departments. North and South Glasgow University Hospitals NHS Trusts have been working with Glasgow Caledonian University to develop a course to train experienced Accident and Emergency nurses to take on this extended role. During the year, the first group of nurses from hospitals within Glasgow completed the new university accredited course. The posts are proving to be very successful, allowing staff to use their nursing skills to their full potential and also helping tackle the waiting times for patients in Accident & Emergency.

- Reorganisation of Orthopaedic Services was necessary due to a problem of overstretched medical cover at Stobhill Hospital and the Glasgow Royal Infirmary. The problems were resolved by centralising inpatient services at Glasgow Royal Infirmary in October 2001. Staff from the North Glasgow University Hospitals NHS Trust were able to report rapid improvements in patient services.

- A bid by NHS Greater Glasgow to provide the National Bone Tumour Service was successful and the service was launched on 1st April 2002. The decision to base the service on teams from North Glasgow University Hospital and Yorkhill NHS Trusts acknowledged the skills of their highly specialised teams.

- The Glasgow Liaison Psychiatry Service was launched in July 2001 to ensure that a high quality psychiatric service was available to patients in Glasgow’s general hospitals.

Child and Maternal Services

- Construction work on the new Princess Royal Maternity at Glasgow Royal Infirmary ended in July 2001. There followed an intense period of activity by North Glasgow University Hospitals. NHS Trusts to equip and commission services - including the transfer of the historic Rottenrow’s services. It was ready for its first patient by 2nd October and the first birth, a baby girl, was on 4th October. HRH Princess Royal officially opened the facility on 28th November.

- The Queen Mother’s Maternity Hospital reported increased demand for the services of the Fetal Medicine Unit, which provides specialist ultrasound scanning, counselling and procedures for conditions that have to be treated whilst a baby is still in the womb. The Unit’s services took a leap forward with the launch of a new 4-Dimensional ‘real time’ ultrasound scanner, purchased with funds donated by the Trades House of Glasgow.

- The Yorkhill NHS Trust invested significantly in consultant staffing to underpin service developments in paediatric anaesthetics, gastroenterology, pathology, neonatology, rheumatology and microbiology.

- A New Out-of-Hours Paediatric Cardiac Surgery Team was established by Yorkhill NHS Trust to work alongside the existing emergency surgery team.

- A New Tandem Mass Spectrometer, the first of its type purchased by the NHS in Scotland, was installed by Yorkhill NHS Trust to help monitor the effect of immunosuppressant drugs on children and the diagnosis of children with inherited metabolic disease.
The foregoing section highlighted some new services, systems of organisation and machines. However, we must never forget that the fundamental truth about NHS services is that they are there to care for people. Although staff are continually trying to improve services and make treatments more effective, they also have to consider the quality of experience that each patient undergoes.

We in NHS Greater Glasgow need and want to reduce those factors, including waiting times, that might make each patient’s encounter with our staff and services more stressful than it has to be.

Highlights of what we did to improve the experience of patients in 2001 - 2002

- **Yorkhill NHS Trust** embarked on a major programme of improvement of hospital buildings, including redecoration and refurbishment of wards and family/staff areas along with new automatic doors and fire prevention systems.

- **Greater Glasgow Primary Care NHS Trust** began refurbishment of mental health admission wards at the Southern General Hospital to significantly improve the present environment. Over £300,000 was spent at Gartnavel Royal Hospital to refurbish wards and provide new IPCU accommodation.

- The Adolescent Psychiatry Inpatient Unit at Gartnavel Royal Hospital was refurbished in April 2001 and its capacity expanded from 10 patients to 16.

- **South Glasgow University Hospitals NHS Trust** obtained support from the Isabel Wares bequest fund and the NHS Greater Glasgow Lottery to introduce a new hi-tech birthing room in the Southern General Hospital’s Department of Obstetrics and Gynaecology. The new suite is intended for ‘low risk’ births and is equipped with a birthing pool staffed by midwives who are also trained aromatherapists and so can assist and relax the mother during birth.

- The West of Scotland Mobility and Rehabilitation Centre (WESTMARC) introduced two innovative new services. The centre is based at the Southern General Hospital and its patients and staff had identified that there were times when a patient’s frustration in coming to terms with mobility problems might affect their quality of life. A consortium of 6 NHS Boards led by NHS Greater Glasgow appointed a Clinical Psychologist to provide dedicated services for the patients. Another appointment was an Amputee Liaison Nurse on a 3-year pilot funded by the Murray Foundation. The nurse will work closely with amputees and help train other staff around their special nursing needs.

- **Community Pharmacies** are recognised as one of the key points of contact between members of the public and healthcare services. Greater Glasgow Primary Care NHS Trust was involved in developing the Saracen Street pharmacy as a model offering a varied range of health-related services. Work was also going on in 2001 – 2002 to create dedicated, private consultation areas in pharmacies.

**Involvement**

Across the public sector, new ways of involving the public in changing and developing services are being encouraged. This is no different for the NHS in Scotland: the Scottish Executive set out its ambitions in a document published in December 2001 called *Patient Focus and Public Involvement*.

The document commits each NHS Board to work both locally and together with other NHS organisations across Scotland to modernise the way in which public and patient information is presented, the way in which consultation is carried out and in the different ways that individuals and representative groups can be brought into the process of service change. The NHS Board agreed at its last meeting of 2001 – 2002 to ensure that there would be significant future investment in the structures that support public and patient involvement in NHS Greater Glasgow.

The NHS Board recognised that much that was good was already taking place in NHS Trusts and by partner organisations, like local authorities. It was agreed to work towards the setting up of a ‘Public Involvement Network’ that would allow best practice to be shared and to improve communications between staff, partners, the public and patients. The Board agreed to support work towards launching the network during 2003.
Other activity in the year included:

- **Yorkhill NHS Trust** organised a number of events to obtain feedback about its services and facilities and to increase the say of staff, patients and parents in their future. Two public and patient open forums were organised in April and September 2001, followed by a staff forum in August 2001 and an ethnic minority forum in October 2001. These led to an action plan being drawn up to deal with the issues raised and the creation of a Parent/Patients' Forum.

- **Greater Glasgow Primary Care NHS Trust** launched a strategy to take forward public and patient involvement across the various services provided by the Trust. The strategy described the principles of involvement and useful techniques. The strategy was particularly important for Local Health Care Co-operatives (LHCOs) as they began to develop their action plans.

- **South Glasgow University Hospitals NHS Trust** reported an upsurge in one aspect of public involvement – that of volunteering. The Voluntary Services Department within the Trust spend the year provided extensive training and support for the new volunteers.

- **The North Glasgow Patients’ Forum** reported that it continued to meet regularly throughout the year and that it had taken part in a number of Scottish Executive and NHS Greater Glasgow events.

### Our People

The most important resource of the NHS in Greater Glasgow is not its hospitals and surgeries but its staff. 2001 - 2002 was a year of important milestones as to the way in which NHS staff were represented in policy-making and service development:

- The Board of NHS Greater Glasgow includes representation of NHS staff’s perspective outwith the professional clinical bodies in the form of the ‘Employee Director’, a post currently held by Bill Goudie, a Senior Pharmacist at Glasgow Royal Infirmary.

- The Area Partnership Forum and Local Partnership Forums have been in place for a few years now and have been augmented by the new Staff Governance Standard for NHS employees in Scotland launched by the Minister for Health and Community Care in January 2002. The Local Partnership Forums have been set up within the Greater Glasgow NHS Board and the NHS Trusts to ensure that staff have an early opportunity of consultation, involvement and influence in decisions that affect them, to maintain a proactive approach to staff governance that is consistent and fair and to develop employment and organisational development policies. The Area Partnership Forum has a broader role – it overviews best practice across NHS Greater Glasgow and is involved in strategic healthcare and policy development, such as the Local Health Plan. It also ensures that staff and OD strategies are considered in the context of wider healthcare change and development.

- The NHS Greater Glasgow Staff Survey was carried out in March 2002 as a way of assessing how the local NHS system was meeting with national staff governance standards. A total of 30,060 survey questionnaires were sent out to NHS Greater Glasgow staff and around 20% (over 6,000) were returned for analysis.

- The survey will be repeated annually to track changes in opinion. The Area Partnership Forum continues to examine the implications of the first survey and the effect of ongoing changes in Human Resources policy and working arrangements.

These are the key results from the 2002 survey:

- The majority of staff enjoy working in NHS Greater Glasgow.

- Staff are generally happy with communications and the information provided to them but there is concern about its timeliness.

- Staff are uncertain as to how to ensure their views and suggestions are fed into the system and are wary about speaking up and challenging the way services are organised.

- Staff are not very aware as to what goes on in other departments and services.

- The majority of staff have access to some form of training and personal development but there was some frustration that their needs were not being properly assessed.

- There was low awareness of the Partnership Forums.

- Most staff feel their workplace provides a safe and secure environment but those working with patients have concerns about violence and aggressive behaviour.

- 1 in 10 of those staff who replied to the survey felt they had experienced some level of harassment - shouting, threatening – from managers or colleagues – very few ever report these incidents.

- 3 in 5 staff who responded to the survey feel stressed due to increasing workload.
Meeting National Priorities

Whereas the previous section on local priorities dealt with a range of themes – indeed, on those themes on which annual performance assessment of NHS Greater Glasgow is based – there are certain priority areas for the local and national NHS upon which government, public and patient interest is particularly focussed. The priorities have central importance for the population’s future health and wellbeing. This section describes what was done in 2001 – 2002 in relation to them.
Coronary Heart Disease (CHD) and Strokes have fallen below cancer as the main cause of early death for people in Greater Glasgow, the two conditions still affect significant numbers of people. The key projects to address these conditions in 2001 – 2002 were:

• **Rapid Access Chest Pain Clinics** were set up in all five adult acute hospitals in Glasgow. They are an important new approach to minimising delay and reducing anxiety for patients by speeding up the process of diagnosing angina and expediting further investigation and treatment where required, such as angiography and cardiac surgery.

• **Community-based CHD management** was being improved through additional resources in primary care settings. Each patient is given the chance to reduce the effects of their symptoms, achieve set goals and reduce risk factors by being given individual support to stop smoking, change their diet and take more exercise in a way that suits them personally. Patients are offered information about their illness and hold a copy of a personalised health record with ‘Gold Standards’ clearly set out in it.

• **Heart failure** is unfortunately unavoidable for some patients and for many who survive following treatment, their quality of life can reduce markedly. NHS Greater Glasgow responded with a nurse liaison service through which it was possible to demonstrate improved pharmacological management of symptoms and to provide patients with information, which allows them to understand and take better control of their own condition.

• **A new 16-bed stroke ward** was opened at Glasgow Royal Infirmary in August 2001 after refurbishment. The unit is equipped to a high standard and has strong links with Lighthouse Hospital’s Stroke Rehabilitation Unit.

• **The surgical side of the Scottish National Heart Transplant Service, based within the North Glasgow Acute Trust, was re-launched by the Minister for Health and Community Care at the end of March 2001. The first transplant took place in September 2001 with a further 11 transplants being carried out since then.**

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Cancer

For cancer services staff and their patients alike, 2001 - 2002 was most certainly an eventful year. Controversy was precipitated in November 2001 by the resignation of four consultant oncologists at the Beatson Oncology Centre. But, while the attention of the media was fixed on these events, far-reaching changes to the infrastructure that supports and develops cancer services were, arguably, less visible.

Cancer remains one of the major causes of ill health, and early death for all Scots and for people in Greater Glasgow in particular. July 2001 marked the launch of the Scottish Executive's strategy Cancer in Scotland: Action for Change. The strategy, which was drafted by a steering group chaired by Dr Harry Burns, Greater Glasgow NHS Board’s Director of Public Health, emphasised modernising and developing cancer services in their totality. The Executive's intent to make the strategy work was signalled by the input of new resources.

Highlights of 2001 - 2002 included:

• **The West of Scotland Regional Cancer Advisory Group** secured £5.8 million of new funding for cancer services in September 2001 – of which a significant proportion was directed to regional specialist services delivered from Yorkhill, the Beatson Oncology Centre and other Glasgow centres - with a further £4.1 million coming early in 2002.

• **The Minister of Health and Community Care** allocated £2 million directly to the Beatson Oncology Centre for additional specialist staff.

• **Plans were put in place** for a West of Scotland-wide cooperative effort to develop longer-term delivery of cancer services.

• **The Tom Wheldon building at Gartnavel General Hospital** was opened in April 2001. This is the first phase of a modern, fit for purpose new home for the Beatson Oncology Centre.

• **The Minister for Health and Community Care** asked NHS Greater Glasgow to develop an action plan to return the Beatson Oncology Centre to an even keel in the context of the co-ordinated cancer strategy for the West of Scotland – the first phase of this was completed by March 2002.

Coronary Heart Disease and Stroke

Although Coronary Heart Disease (CHD) and Strokes have fallen below cancer as the main cause of early death for people in Greater Glasgow, the two conditions still affect significant numbers of people. The key projects to address these conditions in 2001 – 2002 were:

• **Rapid Access Chest Pain Clinics** were set up in all five adult acute hospitals in Glasgow. They are an important new approach to minimising delay and reducing anxiety for patients by speeding up the process of diagnosing angina and expediting further investigation and treatment where required, such as angiography and cardiac surgery.

• **Community-based CHD management** was being improved through additional resources in primary care settings. Each patient is given the chance to reduce the effects of their symptoms, achieve set goals and reduce risk factors by being given individual support to stop smoking, change their diet and take more exercise in a way that suits them personally. Patients are offered information about their illness and hold a copy of a personalised health record with ‘Gold Standards’ clearly set out in it.

• **Heart failure** is unfortunately unavoidable for some patients and for many who survive following treatment, their quality of life can reduce markedly. NHS Greater Glasgow responded with a nurse liaison service through which it was possible to demonstrate improved pharmacological management of symptoms and to provide patients with information, which allows them to understand and take better control of their own condition.

• **A new 16-bed stroke ward** was opened at Glasgow Royal Infirmary in August 2001 after refurbishment. The unit is equipped to a high standard and has strong links with Lighthouse Hospital’s Stroke Rehabilitation Unit.

• **The surgical side of the Scottish National Heart Transplant Service, based within the North Glasgow Acute Trust, was re-launched by the Minister for Health and Community Care at the end of March 2001. The first transplant took place in September 2001 with a further 11 transplants being carried out since then.**
Mental Health

Services for people with mental health problems have been undergoing something of a revolution in Greater Glasgow over the last 5 – 10 years. Sustainable investment and prioritisation have allowed much of the inheritance of Victorian buildings to be cleared away. There is a case to make that modern services have yet to be accompanied by greater understanding and compassion by some of the public towards the 25% of the population who suffer from a mental illness at some point. However, inroads are being made through some of the initiatives listed below:

- GP Practices are often the point of NHS contact of choice for people suffering from mild to moderate mental health problems, like anxiety and depression. £3 million of investment was initiated to allow mental health teams in primary care to improve access and reduce waiting times for access to specialists.
- Improved Community and Support Services resulted from major investment in the development of teams in the city to support people from psychiatric hospitals and in the community. Services are provided by NHS, Social Work and voluntary agencies.
- Services for mentally disordered offenders remain deficient in Greater Glasgow, with a number of patients being held in the State Hospital at Carstairs who should not be there and others receiving inappropriate local care. The NHS Board’s decision to locate a new Local Forensic Psychiatry Centre at Stobhill will make good this deficiency and ensure a full range of community and inpatient services will be available to promote patient care and public safety.
- Increased psychiatric nurse staffing resulted from a £1 million investment in psychiatric hospitals.
- Development commenced to support a network of service users to ensure that patients and carers would have a role to play in the future development of services.
- The Esteem Service was established in north east Glasgow to take forward methods of early intervention with people suffering from severe mental illness. The service is based on research showing an improved prognosis if treatment and intensive support is provided early in the person’s illness.
- New Facilities and Replacement of Existing Services are the subject of a 10-year programme that commenced with the redevelopment of the Gartnavel Royal Hospital site.

Children

Children, the most vulnerable members of our communities, have their own specific healthcare needs, not least because their physiology is different from that of adults. Services specifically developed for children are a necessity but also have a wider benefit for the good of society, because maintaining the best possible condition of health for people in their early years is known to lessen the likelihood of illness in later life. The following initiatives were taken forward in the course of the year:

- Consultation was undertaken on a Joint Strategy for Child and Adolescent Mental Health Services and this was followed by a programme of development and improvement in services for children and young people who deliberately harm themselves, for adolescents and for children and young people who are looked after.
- NHS Greater Glasgow and local authorities worked together to put in place the Changing Children’s Services Fund to promote integrated services for the most vulnerable children in communities.
- The roll-out of New Community Schools includes the recruitment of health development officers and an enhanced public health role for school nurses. A review of School Health Services was completed and led to a programme of substantial investment.
- A specialist health team working with homeless families was expanded and a new project developed alongside voluntary services to support families at risk of repeated homelessness.
As we become older, our health needs change, as does the way we need to make use of NHS and other public services. Older people represent a growing proportion of NHS Greater Glasgow’s population and this has spurred on new initiatives to better meet their needs:

- The Joint Strategic Framework for the Planning and Development of Services for Older People was progressed between NHS Greater Glasgow and the 6 local authorities in the area. The framework will pull together strategies for the different healthcare and social services required by older people. All will be subject to an agreement on financing to which each of the planning partners will have a shared commitment.

- Delayed discharges (or ‘bed blocking’) was a headline issue in the course of the year. However, it was not something that just affected older people and a joint action plan was agreed with local authorities to invest in more NHS capacity, care home beds, improved and increased home care services and more overnight community-based care.

- Community Older People’s Teams are multi-disciplinary initiatives that were launched in South Glasgow and Clydebank. The teams provide ‘at risk’ older people with rapid access to assessment and short-term rehabilitation packages.

- Personal medical services for patients in nursing homes was a new approach to ensuring that older people in homes received better access to GP services. Each person received regular medical reviews and assessments.

- The Integrated Response and Integrated Service (IRIS) project grew from the development of a number of services for older people provided by the North Glasgow University Hospitals NHS Trust which had offered support for those ‘at risk’ following discharge from hospital. Through the North Elderly Partnership Group, £600,000 was allocated to allow these services to be pulled together to form IRIS. The project, which operates from bases at most of the north Glasgow hospitals, aims to help frail older people whose condition is deteriorating, may be socially isolated and may require short-term help from the NHS.

### Waiting Lists

Together, the NHS Trusts in Greater Glasgow achieved very significant progress in tackling hospital and clinic waiting lists by not only meeting targets set by the Scottish Executive, but also exceeding them.

The position for the year-ending 31st March 2002 was as follows:

For patients who were residents of Greater Glasgow only

<table>
<thead>
<tr>
<th>Trust</th>
<th>Target for 31st March 2002</th>
<th>Actual as at 31st March 2002</th>
<th>Improvement on Target</th>
<th>% Improvement on Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>7,700</td>
<td>7,028</td>
<td>+672</td>
<td>+9%</td>
</tr>
<tr>
<td>South</td>
<td>4,000</td>
<td>4,116</td>
<td>-118</td>
<td>-3%</td>
</tr>
<tr>
<td>Yorkhill</td>
<td>900</td>
<td>694</td>
<td>+206</td>
<td>+23%</td>
</tr>
<tr>
<td>Treated Outwith Glasgow</td>
<td>500</td>
<td>178</td>
<td>+322</td>
<td>+64%</td>
</tr>
<tr>
<td>Total</td>
<td>13,100</td>
<td>12,018</td>
<td>+1,082</td>
<td>+8%</td>
</tr>
</tbody>
</table>

For patients who were residents of all NHS Board areas in Scotland

<table>
<thead>
<tr>
<th>Trust</th>
<th>Target for 31st March 2002</th>
<th>Actual as at 31st March 2002</th>
<th>Improvement on Target</th>
<th>% Improvement on Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>11,000</td>
<td>9,885</td>
<td>+1,115</td>
<td>+10%</td>
</tr>
<tr>
<td>South</td>
<td>5,300</td>
<td>5,259</td>
<td>+41</td>
<td>+1%</td>
</tr>
<tr>
<td>Yorkhill</td>
<td>1,600</td>
<td>1,246</td>
<td>+354</td>
<td>+22%</td>
</tr>
<tr>
<td>Total</td>
<td>17,900</td>
<td>16,490</td>
<td>+1,410</td>
<td>+8%</td>
</tr>
</tbody>
</table>

A great deal of effort was given by NHS staff to achieve the Waiting List targets in a year that saw ongoing levels of medical admissions rising. The figures reinforce the need to reconfigure the way in which acute hospital services are organised, including the balance of bed types within inpatient hospitals, but it should not be forgotten that despite targets being achieved, many people were still waiting for NHS treatment. With the new focus on Waiting Times rather than Waiting Lists as of April 2002, this is a point that will remain at the heart of future service planning.
Where The Money Went

The overall financial position for NHS Greater Glasgow resulted in a surplus of £10.3 million - less than 1% of the total expenditure. The main reason for the surplus was the receipt of funding from the Scottish Executive Health Department to meet the deficits of the NHS Trusts, which had accumulated over a number of years. The underlying position of the NHS Trusts was in-year financial balance.

It should be noted that the financial transactions shown here do extend beyond the end of March 2002, as there is necessary linkage and continuance of spend into the next financial year.
Performance against Financial Targets

The Scottish Executive set 3 budget limits at a NHS Board Level on an annual basis. NHS Boards are expected to stay within these limits. Performance was as follows:

<table>
<thead>
<tr>
<th>Limit as set by SEHD £'000</th>
<th>Actual Outturn</th>
<th>Variance (Over)/Under £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Resource Limit</td>
<td>951,162</td>
<td>943,490</td>
</tr>
<tr>
<td>Capital Resource Limit</td>
<td>982</td>
<td>226</td>
</tr>
<tr>
<td>Cash Requirement</td>
<td>938,744</td>
<td>938,522</td>
</tr>
</tbody>
</table>

In addition all Greater Glasgow Trusts met their in-year financial targets for 2001/02. Variances above will be carried forward and added to our 2002-2003 funding allocation.

Financial Information

The following chart shows the total expenditure by Greater Glasgow NHS Board on Hospital, Community and Family Health Services.

The following tables have been produced by consolidating the information contained in the Accounts of the Health Board and the four Trusts. The aggregated figures have been adjusted to eliminate any inter-trust income and expenditure.

Hospital and Community Healthcare Expenditure
(per head of population)
### NHS GREATER GLASGOW CONSOLIDATED INCOME & EXPENDITURE ACCOUNT

For the year ended 31 March 2002

<table>
<thead>
<tr>
<th></th>
<th>2001 £'000</th>
<th>2002 £'000</th>
<th>2002 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>100 INCOME</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>110 Income from Activities</td>
<td>962,884</td>
<td>1,048,433</td>
<td>1,048,433</td>
</tr>
<tr>
<td>120 SEHD</td>
<td>126,716</td>
<td>130,028</td>
<td>139,028</td>
</tr>
<tr>
<td>140 Other</td>
<td>19,177</td>
<td>19,398</td>
<td>19,398</td>
</tr>
<tr>
<td><strong>1,108,777</strong></td>
<td></td>
<td></td>
<td>1,206,859</td>
</tr>
<tr>
<td>150 Total Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>139,028</td>
<td></td>
<td></td>
<td>101,432</td>
</tr>
<tr>
<td><strong>1,208,295</strong></td>
<td></td>
<td></td>
<td>1,308,291</td>
</tr>
<tr>
<td><strong>300 EXPENDITURE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>310 Continuing Operations</td>
<td>668,980</td>
<td>99,518</td>
<td>101,432</td>
</tr>
<tr>
<td>320 Hospital and Community</td>
<td>257,972</td>
<td></td>
<td>277,176</td>
</tr>
<tr>
<td>330 Family Health</td>
<td>926,952</td>
<td>309 Total Clinical Services</td>
<td>998,274</td>
</tr>
<tr>
<td>340 Clinical Support</td>
<td>39,280</td>
<td>400 Clinical/Medical Negligence Costs</td>
<td>38,398</td>
</tr>
<tr>
<td>380 Total Clinical Services</td>
<td>2,344</td>
<td>410 Clinical/Medical Negligence Costs</td>
<td>1,606</td>
</tr>
<tr>
<td>39,280</td>
<td></td>
<td>420 Property Costs</td>
<td>105,450</td>
</tr>
<tr>
<td>400 Clinical Support</td>
<td>113,848</td>
<td>450 Other Costs</td>
<td>122,900</td>
</tr>
<tr>
<td><strong>1,176,797</strong></td>
<td></td>
<td></td>
<td>1,266,628</td>
</tr>
<tr>
<td>490 Total Expenditure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2,757</td>
<td>34,255</td>
<td>600 Surplus/(Deficit) before Financing Costs</td>
<td>41,785</td>
</tr>
<tr>
<td>520 Profit/(Loss) on Disposal of Fixed Assets</td>
<td>0</td>
<td>510 Capital and Debt Write Off</td>
<td>0</td>
</tr>
<tr>
<td>122</td>
<td></td>
<td>500 Effect of Revaluation of Properties</td>
<td>(2,614)</td>
</tr>
<tr>
<td>122</td>
<td>3,564</td>
<td>700 Surplus/(Deficit) for the Year</td>
<td>43,347</td>
</tr>
<tr>
<td>(32,717)</td>
<td></td>
<td>750 Less Cost of Capital</td>
<td>(33,011)</td>
</tr>
<tr>
<td><strong>36,281</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3,564</td>
<td></td>
<td>800 Retained Surplus/(Deficit) for the Year</td>
<td>10,336</td>
</tr>
</tbody>
</table>

### NHS GREATER GLASGOW CONSOLIDATED BALANCE SHEET

As at 31 March 2002

<table>
<thead>
<tr>
<th></th>
<th>2001 £'000</th>
<th>2002 £'000</th>
<th>2002 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>642,793 Tangible Assets</td>
<td>670,530</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14,967 Stocks and work in progress</td>
<td>15,622</td>
<td>64,392 Debtor</td>
<td>82,853</td>
</tr>
<tr>
<td>64,392 Debtor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Investments</td>
<td>49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49 PCO Account Balance</td>
<td>771</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23,315 Cash at bank and in hand</td>
<td>17,350</td>
<td>102,713 116,596</td>
<td></td>
</tr>
<tr>
<td><strong>102,713</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td>(114,163)</td>
<td>(123,342)</td>
<td>(123,342)</td>
</tr>
<tr>
<td>(114,163) Creditors due within one year</td>
<td>(123,342)</td>
<td>(123,342)</td>
<td>(123,342)</td>
</tr>
<tr>
<td>(11,450) Net Current Assets/(Liabilities)</td>
<td>(12,746)</td>
<td>(12,746)</td>
<td>(12,746)</td>
</tr>
<tr>
<td><strong>631,343</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td>657,784</td>
<td>657,784</td>
<td>657,784</td>
</tr>
<tr>
<td><strong>CREDITS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24,862 Amounts falling due after more than one year</td>
<td>(22,539)</td>
<td>(22,539)</td>
<td>(22,539)</td>
</tr>
<tr>
<td><strong>606,481</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financed By:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>548,145 General Fund</td>
<td>579,203</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49,054 Revaluation Reserve</td>
<td>46,507</td>
<td>9,282 Donation Reserve</td>
<td>9,412</td>
</tr>
<tr>
<td>0 Other Reserves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>606,481</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20
Annual Accountability Review

The services provided by NHS Greater Glasgow must meet nationally and locally agreed standards. The Scottish Executive assesses the performance of each NHS Board in providing these services through what is called a ‘Performance Accountability Framework’. Each year there is a formal review of NHS Greater Glasgow’s performance based on the framework. The 2001 - 2002 review took place on 20th June 2002 and was summarised in a letter sent by Trevor Jones, Head of the Scottish Executive Health Department and Chief Executive of NHS Scotland, to the Chairman of NHS Greater Glasgow on 10th July 2002.

Extracts from the letter follow and provide some idea of how NHS Greater Glasgow is seen to be performing by those responsible for the NHS in Scotland as a whole:

Acute Hospital Services

“You outlined the work that was ongoing to support the implementation phase including how core medical and surgical services could be sustained at Stobhill prior to centralisation at Glasgow Royal Infirmary and Gartnavel General Hospital. Tom Divers informed us that he had invited Audit Scotland to undertake a governance role in respect of the implementation of the acute services plan. This was in response to Constituency MSPs’ concerns over; in-patient capacity to meet the city’s future needs; capacity at GRI to meet emergency care and in-patient needs of its own and 60% of the Stobhill catchment area; and whether ambulatory care hospitals could safely discharge their responsibilities as stand-alone entities, provided separately from in-patient facilities.”

Performance Assessment Framework (PAF)

“In my letter of 14 May 2002 setting out the agenda for the Accountability Review, I asked you to produce a briefing on the PAF to highlight areas of significant over or under-performance. The identified areas included:

- percentage of breastfed babies
- percentage of children 0-5 without dental caries
- immunisation uptake
- elective surgery rates -hip replacement
- percentage of expenditure on mental health
- complaints responded to within 4 weeks
- cancelled planned admissions
- patients with a guarantee waiting more than 9 months
- inpatient cost per bed
- financial issues

“We discussed the reasons for variances and were satisfied that the Board had taken steps, or planned to, to tackle the areas causing most concern - percentage of patients with a guarantee waiting more than nine months, elective surgery rate, persons aged 65 and over - hip replacement, percentage of children that have completed all primary immunisation programmes and the percentage of breastfed babies at 6-8 weeks. I urged NHS Greater Glasgow to continue with efforts to improve performance across all 7 performance fields of the PAF.”

Financial Issues

“I and fellow Directors noted that NHS Greater Glasgow had not as yet submitted the final five year financial plan. Mr Divers advised that the reworking of the five-year financial plan represented an important area of work currently in progress but was crucially dependent on the decision on whether to proceed with acute services review. Beyond the delivery of the financial targets across the whole system for 2001-02, two other issues had been foremost in this work. The first was the need to ensure that the system as a whole was returned to recurrent financial balance as quickly as is practicable; the second was directed at creating an affordable envelope for the delivery of the Board’s Acute Services Strategy, while not eroding the ongoing and much needed investment across the other non-acute programmes of care. I was reassured to hear of the governance arrangements NHS Greater Glasgow is putting in place following the devolved arrangements for the allocation of capital.”
Waiting Times

“We identified that Greater Glasgow’s greatest challenge during the period to December 2002 is to significantly reduce the number of patients waiting over 9 months. We agreed that we would accept your position of a bottom line reduction of 50% of the over nine months waiters by March 2003. The remaining patients waiting over 9 months will be reduced significantly over the following months such that no patient waits longer than nine months by December 2003. The Board also has a number of lengthy outpatient waiting times in plastics, general orthopaedics, ophthalmology, neurology, dermatology and general surgery and while we note your intention to have a position whereby 75% of all out-patients are being seen within a three month period by December 2002. We had some concern around the lengthy out-patient waits for current routine clinic appointments in these specialties and we agreed that you would … discuss how these could be improved over the course of the next six months.”

Beatson Oncology Centre

“We were pleased to have confirmation that almost all of the action points within the original action plan have now been implemented and that attention would now focus on the implementation of the recommendations of the Expert Advisory Group. An Action Plan reflecting this transition was presented to and approved by the NHS Board on 18 June 2002. It was encouraging to hear that progress was now being made in increasing the staffing complement for the Centre. At 31 March 2002, there were 361 whole time equivalents (WTE) in post. This figure is expected to rise to 395 by 1 July 2002 and by at least a further 30 by 1 September 2002, the most significant increases being in nursing and therapy radiography. However, the pressure on Consultant Clinical Oncologists remains severe.

“A further advertisement for these posts appeared in the BMJ in May with a closing date of 28 June. In the meantime efforts continue to recruit locum consultants and additional staff grade support. Plans for the recruitment of the Medical Director are also underway.”

Hospital Acquired Infection (HAI)

“We went on to discuss issues around HAI, the salmonella and SRSV outbreaks at the Victoria Infirmary. Robert Calderwood advised us that the Outbreak Control Team’s recommendations were being addressed and that the number of Infection Control Nurses across the Trust had increased from 2 to 4. The Health and Safety Executive’s (H&SE) 2 Prohibition Notices on a waste disposal compactor and dumb waiter lifts had also been addressed. There remained a number of issues to be resolved around the 3 Improvement Notices. Robert confirmed that a programme of ameliorative steps was yet to be agreed with the H&SE. We noted that these issues could have consequences throughout NHS Scotland.”
Nurse Recruitment

“We also discussed ongoing continuing difficulties in recruiting nurses. Robert Calderwood suggested that the South Trust had fallen victim to their own success in creating a market for F, G and H Grades. The media attention following the recent virus outbreaks and unhelpful publicity around the future of the Victoria had also had an effect, creating an environment which might well deter graduating nurses. It was also the case that NHS 24 was beginning to impact on recruitment. I agreed that this was an issue which the Executive was aware of and that we needed to work together to balance the needs of NHS systems with the development of NHS 24.”

Conclusion

“In summary, the priorities for NHS Greater Glasgow for the year 2002/03 should be:

- to manage within available resources
- to manage the capital programme to sustain implementation of the acute services review
- to deliver the targets for waiting times
- to maintain progress to develop the Beatson Oncology Centre
- to make progress on the eradication of instances of hospital acquired infection
- to develop the Staff Governance agenda

“...I felt that NHS Greater Glasgow had worked well over the period (2001 – 2002) and had tackled difficult issues in partnership with Local Authorities. I would like to take the opportunity to thank (Professor David Hamblen) for his personal contribution since being appointed as Chairman of, in the first place, Greater Glasgow Health Board and, since October 2001, the unified NHS Greater Glasgow. Under his leadership (there has been) considerable progress on the many complex issues set out in this letter.”

Yours Sincerely

Trevor Jones
Head of the Scottish Executive Health Department
Chief Executive of NHS Scotland

10th July 2002
External Assessments of Individual Services
A range of inspections and assessments of NHS Greater Glasgow services and premises was carried out in the course of 2001 – 2002. Detailed reports of each inspection/assessment and its outcome can be obtained by contacting 0141 201 4445 or by e-mailing jim.whyteside@gghb.scot.nhs.uk in the first instance.

<table>
<thead>
<tr>
<th>NHS Trust</th>
<th>Service/Facility</th>
<th>Carried Out By</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Glasgow University Hospitals NHS Trust</td>
<td>Breast and Ovarian Cancer Services – Glasgow Royal Infirmary, Stobhill Hospital and Western Infirmary</td>
<td>Clinical Standards Board for Scotland</td>
<td>March 2002</td>
</tr>
<tr>
<td>North Glasgow University Hospitals NHS Trust</td>
<td>Lung Cancer Services</td>
<td>Clinical Standards Board for Scotland</td>
<td>April 2002</td>
</tr>
<tr>
<td>North Glasgow University Hospitals NHS Trust</td>
<td>Colorectal Cancer Services</td>
<td>Clinical Standards Board for Scotland</td>
<td>April 2002</td>
</tr>
<tr>
<td>North Glasgow University Hospitals NHS Trust</td>
<td>Pathology, Haematology, Biochemistry, Virology</td>
<td>Clinical Pathology Accreditation</td>
<td>2001 – 2002</td>
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<tr>
<td>South Glasgow University Hospitals NHS Trust</td>
<td>Ovarian Cancer</td>
<td>Clinical Standards Board for Scotland</td>
<td>June 2001</td>
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<tr>
<td>South Glasgow University Hospitals NHS Trust</td>
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<td>August 2001</td>
</tr>
<tr>
<td>South Glasgow University Hospitals NHS Trust</td>
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<td>December 2001</td>
</tr>
<tr>
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<td>Secondary Prevention following Myocardial Infarction (review)</td>
<td>Clinical Standards Board for Scotland</td>
<td>February 2002</td>
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<tr>
<td>South Glasgow University Hospitals NHS Trust</td>
<td>CNORIS Level 1 Assessment (Risk Management)</td>
<td>Willis Ltd.</td>
<td>December 2001</td>
</tr>
<tr>
<td>South Glasgow University Hospitals NHS Trust</td>
<td>Older People’s Services</td>
<td>Scottish Health Advisory Service</td>
<td>January 2002</td>
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<tr>
<td>South Glasgow University Hospitals NHS Trust</td>
<td>Young Disabled Unit</td>
<td>Charter Mark</td>
<td>October 2001</td>
</tr>
<tr>
<td>Yorkhill NHS Trust</td>
<td>Laboratory accreditation</td>
<td>Clinical Pathology Accreditation (UK) Ltd, (CPA)</td>
<td>May 2001</td>
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<tr>
<td>Yorkhill NHS Trust</td>
<td>CNORIS Level 1 Assessment (Risk Management)</td>
<td>Willis Ltd.</td>
<td>October 2001</td>
</tr>
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<td>Yorkhill NHS Trust</td>
<td>Patient Involvement/Staff Development</td>
<td>Clinical Standards Board for Scotland</td>
<td>January 2002</td>
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<td>Greater Glasgow Primary Care NHS Trust</td>
<td>Peer Review Visits – Schizophrenia Standards</td>
<td>Clinical Standards Board for Scotland</td>
<td>October 2001</td>
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<td>November 2001</td>
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<tr>
<td>Greater Glasgow Primary Care NHS Trust</td>
<td>GP Practices Accreditation Award Inspections – 21 practices completed</td>
<td>Royal College of General Practitioners</td>
<td>By March 2002</td>
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<td>Greater Glasgow Primary Care NHS Trust</td>
<td>Mental Health Division</td>
<td>Investors in People</td>
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<td>Greater Glasgow Primary Care NHS Trust</td>
<td>Support Services</td>
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<td>January 2002</td>
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<td>Greater Glasgow Primary Care NHS Trust</td>
<td>Mental Health Services</td>
<td>Mental Welfare Commission</td>
<td>2002 and ongoing</td>
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</table>
Complaints

NHS Greater Glasgow operates a complaints procedure set up in accordance with the NHS Complaints Procedure. It functions both as a system for dealing with complaints quickly and effectively and a process whereby feedback from members of the public can be used to improve services. The objective of the procedure is to ensure that people who make complaints are treated courteously and sympathetically. Anyone who wishes to make a complaint, suggestion or comment about NHS Greater Glasgow may do so directly to the Complaints Managers at the NHS Board or Trusts as appropriate.

Complaints Received between 1st April 2001 and 31st March 2002

<table>
<thead>
<tr>
<th></th>
<th>No of Complaints Received</th>
<th>% Completed Within 20 Working Days</th>
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</thead>
<tbody>
<tr>
<td>Greater Glasgow NHS Board</td>
<td>6</td>
<td>50%</td>
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<tr>
<td>North Glasgow University</td>
<td>831</td>
<td>54%</td>
</tr>
<tr>
<td>Hospitals NHS Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Glasgow University</td>
<td>334</td>
<td>58%</td>
</tr>
<tr>
<td>Hospitals NHS Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yorkhill NHS Trust</td>
<td>176</td>
<td>55%</td>
</tr>
<tr>
<td>Greater Glasgow Primary Care NHS Trust (Community Health Services)</td>
<td>107</td>
<td>59%</td>
</tr>
</tbody>
</table>

The National Target is to respond to 70% of complaints within 20 Working Days.
A Healthy Challenge

The Local Health Plan covers the next five years but provides particular detail for the current year, 2002 - 2003. The plan is continually updated and a new version will be published annually. The following pages represent a summary of the full plan.
The Local Health Plan is the main strategy setting out the future direction and priorities for healthcare services in Greater Glasgow. The plan is itself a summary of a range of strategies and plans for many different health services. The actions contained in this plan aren’t just the responsibility of the NHS but lie also with many different partner organisations.

NHS Greater Glasgow has responsibilities at two levels. Firstly, it must meet the health needs of the local population. The following section will describe what was achieved in 2001 – 2002. Secondly, the NHS in Scotland must jointly tackle national targets on the core health problems that afflict the population as a whole. The second half of the annual report will describe what the local contribution to meeting national objectives has been.

The Local Health Plan was drawn up by a steering committee consisting of representatives from the following organisations: Greater Glasgow NHS Board, North Glasgow University Hospitals NHS Trust, South Glasgow University Hospitals NHS Trust, Yorkhill NHS Trust, Greater Glasgow Primary Care NHS Trust, Greater Glasgow Area Clinical Forum, Greater Glasgow Area Partnership Forum, Greater Glasgow Health Council, Glasgow City Council, East Dunbartonshire Council, West Dunbartonshire Council, East Renfrewshire Council, North Lanarkshire Council and South Lanarkshire Council. The range of organisations involved illustrates the fact that partnership working is absolutely central to health improvement. Collectively, the various agencies are taking forward a co-ordinated agenda, which will deliver more effective services and support a healthier population.

I am most grateful to all of the agencies involved for their dedication and commitment to the tasks ahead.
The Challenges

The following points give some idea of the scale and scope of health challenges in Greater Glasgow:

- **A falling population** – fewer children and young people means that the proportion of those aged 45 – 64 is increasing; a group that tends to make significant use of NHS services. Changes in exercise, diet and smoking habits in this age range would pay great dividends in later life.

- **Coronary Heart Disease** – despite falling levels, we still have a huge challenge in Greater Glasgow, particularly in deprived areas.

- **Cancer** – the death rate is relatively static but the high level of smoking amongst women is expected to lead to very large increases in lung cancer for those females now in their 30s and 40s in the next 10 – 20 years. Many wives, partners, mothers and daughters are going to die early and needlessly deaths because of cigarettes.

- **Smoking** – the number one addiction problem afflicting Greater Glasgow. 37.4% of local adults smoke – this compares with the Scottish average of 34.7%. It is not only responsible for a variety of cancers, coronary heart disease, strokes and respiratory problems but also serious side effects in pregnancy, resulting in problems for mothers and their children.

- **Alcohol Misuse** – Greater Glasgow’s long and destructive relationship with alcohol is well-known. However, the direct physical effects caused by it are only the tip of an iceberg of mental ill-health, domestic violence, depression as well as death and injury from accidents. Alcohol-related death and emergency admissions in deprived areas are 10 times those in places that are more affluent. 37.6% of local males and 13.9% of females exceed recommended weekly limits for drinking alcohol.

- **Drug Misuse** – the age profile of drug misuse is changing, with many younger people seeking help. 3.1% of people aged between 15 – 54 have a drug problem. 1.4% are injecting their drugs and are exposed to all the associated risks from diseases like Hepatitis C and HIV. 95% of all drug misusers live in Greater Glasgow’s most deprived areas.

- **Teenage Pregnancy** – the latest figures show that the pregnancy rate for local 13 – 15 year olds is 4 per 1000.

- **Dental Health** – in 1999, 66% of 5 year-olds already suffered their first tooth decay. In 2000, 64% of 12 year-olds had decay in their adult teeth. Of this age group, 39% of those in affluent communities had evidence of dental disease. In less affluent communities it was 79%.
For us to meet health needs of local people we need clear strategies to deal with the kinds of challenges set out above. As a result, all the activity of the local NHS and many of the actions of our partners will be aimed at:

- Improving the health of children – there will be a joint action between public health, planning and health promotion, local authorities and the voluntary sector to invest in and support child and maternal services, services provided by Yorkhill, community and mental health services and to support the health improvement agenda.

- Promoting health and tackling inequalities – our goal is not only to improve health but quality of life too. This reinforces the need to work in partnership with the public, private and voluntary sectors and tackle the issues that affect health and wellbeing. Narrowing gaps in personal circumstances and improving the ‘life chances’ of people in different communities leads us to be involved in Social Inclusion Partnerships, lifelong learning and New Community Schools. We are using money from the Health Improvement Fund (drawn from a tax on tobacco) to concentrate on service improvement and new services for vulnerable groups and communities.

- Modernising acute hospital services – in a process stretching over the next decade, £700 million is committed to bringing adult acute hospitals, and the organisation of services provided within them, up to the standards necessary in the 21st Century. The key benefits delivered by the modernisation programme will be locally accessible outpatient, daycase and day surgical services, rapid access to specialist treatment, increased and consistent use of new treatments and technologies and high quality teaching and research.

- Modernising mental health services – more than 25% of the local population may expect to suffer mental illness at some point in their lives. The NHS has gradually been putting in place the resources and modern methods that such an important area of healthcare deserves. Work continues to modernise in-patient services in 3 local hospitals, to increase the level of community services, develop specialist care - like Glasgow’s local forensic psychiatry unit - improve general access to services and to promote good mental health.

- Joint community services with local authorities – working within national ‘Joint Future’ requirements, arrangements are in place with the six local authorities in Greater Glasgow to deliver agreements on joint resources, management, information systems and accountability.

- Strengthening primary care – primary care’s special position within the heart of local communities is to be strengthened in terms of better links between GPs, pharmacists, dentists and opticians to hospitals, in addition to services designed for minority groups and vulnerable older people and in the continuing development of Local Healthcare Co-operatives.

- Tackling addictions – the human cost of Greater Glasgow’s 16,000 serious drug misusers and 33,000 people who drink beyond safe limits is vast and tragic. We are trying to reduce this cost through an alcohol strategy based on prevention as well as treatment and care and we are working with local authorities to put in place local alcohol action plans. The Drug Action Team’s strategy is now in its second year of delivery and it includes taking forward the outcome of a recent review of the Methadone Programme, in part through better integration of Social Work and health teams.

- Regional planning arrangements – the NHS in Greater Glasgow provides important services to people across the West of Scotland. Arrangements are in place for us to work together with other NHS areas to plan and fund services related to neurosciences, paediatrics, mobility, adolescent psychiatry, renal units, cancer and cardiac units.
Once ongoing commitments and service requirements are met, NHS Greater Glasgow expects to devote financial resources available above and beyond to service development in the following proportions:

- Mental Health 13.4%
- Acute Share of Acute Strategy 21.9%
- Acute Investments 27.2%
- Child & Maternal Health Services 13.4%
- Other Hospital and Community Health Services 24.1%

### Progress Through Partnership

Local authorities are NHS Greater Glasgow’s most important partners. They have a real potential to make a contribution to improving the health of their residents and they provide direct services and care to large numbers of vulnerable people. Their responsibilities for community planning allow them to draw together many interests and resources to improve local people’s lives.

The following brief summaries give a flavour of the work we are carrying out together with the local authorities that fall within Greater Glasgow:

- **Glasgow City (pop. 609,370)** – NHS Greater Glasgow is a member of the Glasgow Alliance, in which all major public sector agencies join to regenerate the city. We are also part of the Glasgow Healthy City Partnership, jointly funded by the City Council to improve health in Glasgow. Aside from tackling the city’s major health and social issues, our work within these two initiatives leads us to support a range of community and outreach health projects throughout the city and to supporting schemes like the Fresh Fruit in Schools initiative.

- **East Dunbartonshire (pop. 110,760)** – we have worked together with the Council in the production of its Community Plan, notably the objective of achieving ‘Safe and Healthy Communities’. We have also undertaken joint work in local health promotion schemes, such as community involvement, creative and education programmes and promoting physical activity.

- **West Dunbartonshire (Clydebank pop. 46,350)** – we are involved with the Council in community planning, the local Social Inclusion Partnership, tackling addictions and developing community-based Primary Care services.

- **South Lanarkshire Council (Rutherglen and Cambuslang pop. 56, 560)** – we have worked with the Council in supporting the Rutherglen/ Cambuslang Substance Misuse Planning Group, the Cambuslang Social Inclusion Partnership and in bidding for Healthy Living Centres. A Joint Health Improvement Plan was prepared in March 2002.

- **East Renfrewshire (Eastwood pop. 64,000)** – community planning and the 2002/03 Joint Health Improvement Plan have led joint work in creating health promoting schools and in awareness raising of the links between domestic abuse and mental wellbeing. A Joint Substance Misuse Team is being expanded with resources from the NHS and the Council.

- **North Lanarkshire Council (Stepps - Moodiesburn corridor pop. 16,410)** – as with the other authorities, there is collaborative working in developing the local Community Plan. In addition to this, the Health Promotion Department and Local Health Care Co-op have organised cholesterol testing, smoking cessation, healthy eating, and exercise referral initiatives.

### Action Plans And Priorities

The Local Health Plan contains references to a full range of detailed plans, which will meet NHS Greater Glasgow’s core objectives. A summary like this can only give an impression of the huge range of work going on in our hospitals, surgeries, health centres, practices, pharmacies, schools and communities.

#### Elderly Services
- development of a strategic framework for elderly services in hospitals, in care homes and in people’s own households
- local action to develop community plans to integrate services and improve community care
- reducing ‘delayed discharges’ from in-patient hospital beds

#### Cancer
- participation in West of Scotland and Greater Glasgow cancer planning groups
- a major programme of investment, including the redevelopment of the Beatson Oncology Centre
- new equipment and recruitment of more clinical and nursing staff

#### Maternity Services
- implementing the National Maternity Services Strategy
- reassessing the number of delivery units in the city in line with the declining birth rate

#### Sexual Health
- service change and development
- effective and accessible Sexual Health services
- reducing the incidence of sexually transmitted disease and teenage pregnancy
Chronic Disease
- chronic disease management through Primary Care services
- initiatives to help sufferers of heart disease, stroke, chronic obstructive pulmonary disease, diabetes, rheumatoid arthritis, multiple sclerosis and epilepsy

Palliative Care
- a review of palliative care services, including the issues of funding for hospices and hospital-based expertise

Community Care Planning
- working with 6 local authorities across a spectrum of planning arrangements
- joint action on older people, mental health, learning disability, sensory impairment, physical disability and head injury

Oral Health
- establishment of oral health action teams in local communities
- dental decay prevention initiatives

Heart Disease
- a comprehensive strategy covering prevention, primary care, hospitals and specialist services
- information and advice for patients

Stroke
- improving early specialist advice, investigations and acute care in South Glasgow
- plans for acute care, rehabilitation, primary and secondary prevention, longer-term care and psychosocial problems

Gender and Health
- dedicated health services for male and female

Gender Based Violence
- health responses to childhood abuse, domestic violence and sexual assault
- local authority-led multi-agency strategies

Ethnic Minority Health
- action plans in line with national strategies
- improving service and language access for minority groups
- meeting the Commission for Racial Equality Leadership Challenge

Asylum Seekers
- Primary Care and other services for 8000 asylum seekers in Glasgow

Homelessness
- joint action plans with each local authority
- new health services for homeless people

Mental Health
- continue implementation of Modernising Mental Health
- complete the business case for the repriorisation of Gartnavel Royal Hospital

Learning Disability
- a new local strategy which exceeds the national targets set in the national strategy ‘The Same as You’
- closure of out of date and unacceptable long-stay NHS accommodation by the end of 2002 - 2003

Staff Governance
- work towards implementation of the Staff Governance Standard
Part Two: Looking Forward

Targets and Commitments
The Minister for Health and Community Care has set a number of targets which, together with local targets, NHS Greater Glasgow is committed to meeting:

National Targets

- A maximum waiting time for in patients and day cases of 9 months to be achieved by December 2003
- 75% of outpatients to be seen within 3 months (we already see 73% of local patients within this time)
- Meeting national standards of 1-month maximum time to commence treatment from diagnosis of breast cancer, childhood malignancy and leukaemia (we already meet this target)
- By 2005, to ensure there is no more than a 2-month wait to begin treating cancer after diagnosis (we are working with partners in the West of Scotland to do this)
- A maximum 12-week wait for angioplasty and 6-months for treatment like cardiac surgery (we already meet this target for most patients)
- The right to obtain professional Primary Care advice within 48 hours by October 2002 (our investment in Primary Care is already taking us towards this standard)

Local Targets

- Reducing waiting times for investigations
- Addressing ‘bottlenecks’ in the system
- Tackling the longest – more than 26 week – out-patient waiting times directly

The Local Health Plan has been presented here in summary format. A copy of the full version of the plan may be downloaded from the NHS Board’s website: www.show.scot.nhs.uk/gghb or by phoning 0141 201 4445.

Be Involved In Involvement

NHS Greater Glasgow is committed to Public and Patient Involvement. We are in the process of setting up a ‘Public Involvement Network’, which will allow people and organisations in Greater Glasgow to contribute to service re-design and service development.

We need people to volunteer to take part in surveys, focus groups and to actively take part in the network. If you are willing to help us out in this way from time to time, we’d be delighted to hear from you. Even if you simply want to be added to our mailing list, just let us know.

Please write to: Jim Whyteside, Public Affairs Manager, Greater Glasgow NHS Board, Dalian House, PO Box 15329, 350 St Vincent Street, Glasgow G3 8YZ. Alternatively, you can e-mail: jim.whyteside@gghb.scot.nhs.uk
Contacts and Further Information

NHS Greater Glasgow postal addresses, web-sites and main telephone switchboards

Greater Glasgow NHS Board
Dalian House
350 St Vincent Street
Glasgow G3 8YZ
Tel. 0141 201 4444
www.show.scot.nhs.uk/ggnhsb

North Glasgow University Hospitals NHS Trust
Trust Headquarters
300 Balgrayhill Road
Glasgow G21 3UR
Tel. 0141 201 4200
www.ngt.org.uk

South Glasgow University Hospitals NHS Trust
Trust Headquarters
1345 Govan Road
Glasgow G51 4TF
Tel. 0141 201 1200
www.show.scot.nhs.uk/sguht

Yorkhill NHS Trust
Dalanair Street
Glasgow G3 8SJ
Tel. 0141 201 0000
www.show.scot.nhs.uk/yorkhill

Greater Glasgow Primary Care NHS Trust
Trust Headquarters
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow G12 0XH
Tel. 0141 211 3600
www.show.scot.nhs.uk/ggpct

Hospital, Helpline and Emergency Out of Hours Switchboards

Glasgow Emergency Medical Service (GEMS)
Tel. 0141 616 6200
Tel. 08454 242424

Blawarthill Hospital
Tel. 0141 211 9000

Canniesburn Hospital
Tel. 0141 211 5600

Drumchapel Hospital
Tel. 0141 211 6000

Gartnavel General Hospital
Tel. 0141 211 3000

Gartnavel Royal Hospital
Tel. 0141 211 3600

Glasgow Dental Hospital and School
Tel. 0141 211 9600

Glasgow Homeopathic Hospital
Tel. 0141 211 1600

Glasgow Royal Infirmary
Tel. 0141 211 4000

Leverndale Hospital
Tel. 0141 211 6400

Lightburn Hospital
Tel. 0141 211 1500

MacKinnon House
Tel. 0141 533 3100

Mansionhouse Unit
Tel. 0141 210 6161

Mearnskirk House
Tel. 0141 201 6161

The Orchards
Tel. 0141 533 5900

Parkhead Hospital
Tel. 0141 211 8300

The Princess Royal Maternity
Tel. 0141 211 5400

The Queen Mother’s Maternity Hospital
Tel. 0141 201 0550

Royal Hospital for Sick Children
Tel. 0141 201 0000

Southern General Hospital
Tel. 0141 201 1100

Stobhill Hospital
Tel. 0141 201 3000

Victoria Infirmary
Tel. 0141 201 6000

Western Infirmary
Tel. 0141 211 2000

Main Partner Organisations

Greater Glasgow Health Council
(The statutory body representing the interests of patients within the NHS system)
44 Florence Street
Glasgow G3 0YZ
Tel. 0141 429 7698

Scottish Ambulance Service
Tel. 0131 446 7000

University of Glasgow
Tel. 0141 339 8855

University of Strathclyde
Tel. 0141 552 4400

Glasgow Caledonian University
Tel. 0141 331 3000

Glasgow Alliance
Tel. 0141 572 1300

Glasgow Healthy City Partnership
Tel. 0141 287 9990

Glasgow City Council
Tel. 0141 287 2000

North Lanarkshire Council
Tel. 01698 302222

South Lanarkshire Council
Tel. 01698 454208

East Dunbartonshire Council
Tel. 0141 578 8000

West Dunbartonshire Council
Tel. 01389 737000

East Renfrewshire Council
Tel. 0141 577 3000
Board Members As At July 2002

A register containing the details of each Board Member’s declaration of interests is available for inspection at the NHS Board offices, Dalian House, 350 St. Vincent Street, Glasgow G3 8YZ.

The Convenor of Greater Glasgow Health Council - the statutory body which represents patients within the local NHS system - also attends Board meetings.

Board Meetings

The Board of NHS Greater Glasgow normally meets on the third Tuesday of every month at the offices of Greater Glasgow NHS Board, Dalian House, 350 St Vincent Street, Glasgow G3 8YZ. Board meetings begin at 9.30 AM and are open to the public to observe. Confirmation of Board meeting arrangements is published in advertisements normally placed a week in advance in the Herald and Glaswegian newspapers. You can also visit our website, www.show.scot.nhs.uk/ggnhsb for Board papers and minutes, alternatively call 0141 201 4477.